V. S. No. 1

(	W)	HYSI- Exact
	ORD	should be stated EXACTLY, PHYSI-
	PER NINENT RECORD	stated EX
7	NE	be g
BINDING	PER	should t it may

County	of DEATH reester			93-c	CERTIFIC	OF MARYLAND CATE OF DEATH ration Dist. No.
	Pocomoke Cit		.F.D <u>#</u>	3.	St.:	Ward) (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSOI	NAL AND STATISTIC	CAL PARTICU	LARS	ME	DICAL CERTIFIC	ATE OF DEATH
3 sex Female	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Marrie	16 DATE OF DEA	April	18th. , 1952. b) 4 (Day) 18 (Year) 3.
6 DATE OF BIF	June	29th.	. 1876.	17 1 HER		at 1 attended the deceased from
	(Month)	(Day)	(Year)	that I last saw h	alive on	Frief 12, 1957
B OCCUPATION (a) Trade, pr	ofession or Tonge		If LESS than I day hrs. or min.?	The CAUSE OF I	EATH y was as foll	owat
	d of work	J 41				
business, or e which employ	ature of industry stablishment in ed or (employer)		***************************************	Contributory	(Duration	n) Zyrs
business, or e	ature of industry stablishment in ed or (employer)	rinia				n)ds
business, or ewhich employ  BIRTHPLACE (State or co	ature of industry stablishment in ed or (employer) untry)  Vire	ginia		Contributory		
9 BIRTHPLACE (State or co	ature of industry stablishment in ed or (employer) untry)  Virg  K.F.Godwin  ACE IER r country)  Vil	ginia		Contributory Secondary  (Signed)  *State the Violent Causes	Disease Causing state (1) Means	
business, or e which employ  9 BIRTHPLACE (State or co  10 NAME C FATHER  11 BIRTHPL OF FATH C (State o 12 MAIDEN OF MOTH	ature of industry stablishment in ed or (employer) untry)  Vire  M.F. Godwin  ACE EER r country)  NAME HER Wollie	rinia 1		(Signed)  *State the Violent Causes Accidental, Suice	Disease Causing, state (1) Means idal or Homicidal.  RESIDENCE (For	n) yrs mos de
business, or ewhich employ  BIRTHPLACE (State or co  10 NAME CFATHER  11 BIRTHPL  OF FATH  (State or co  12 MAIDEN  OF MOTION  13 BIRTHPI  OF MOTION  (State or co	ature of industry stablishment in ed or (employer) untry)  Virgo  M.F.Godwin  ACE IER Vollie HER Mollie LACE	rinia rginia. Davis		(Signed)  *State the Violent Causes Accidental, Suice IB LENGTH OF	Disease Causing, state (1) Means idal or Homicidal.  RESIDENCE (For t Residents)	Death, or, in deaths from of Injury and (2) Whether

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, RECEIVE

> American Medical Association.) approved telonus may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic and consequences (e.g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

answered in detail, it will prevent further correspondence. All the data as essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Worcester.	Registration Dist. No. 35-2
Village Dr City County E. Beslis fist 7x3 -	Denc. 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Lewis E. Crange	ild.
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Cranfield.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Cycril b 4, 1906 7. AGE Years Months Days If LESS than 1 day,hrs.	to have begunning the tall saved above, a ruly m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of process
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	sollin down
Date deceased last worked et this occupation (month end year) spant in this occupation.	step in home
12. BIRTHPLACE (city or town) Maryland.  (State or country)	Other Contributory Causes of importance:
13. NAME Willard Crawfield	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Samartha Lewis.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Lewis Cranfield	Where did injury occur?
(Address) Ocean City, / md	
Place Evergree Date Upril 5, 1932	Manner of injury
19. UNDERTAKER J. W. Burbage.	24. Was disease or injury in any way related to occupation of decessed? 100 months of the control of the contro
20. FILED 4/3', 1932 I.S. Muniford Registrar.	(Signed) Colon Oly m.D. (Address) Ocean Oly m.L.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

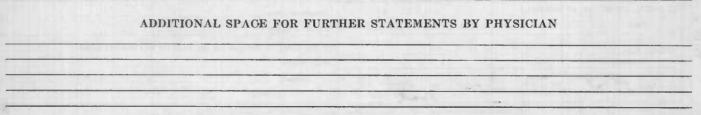
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis :	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago	
THE PARTY OF THE P				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			7	





V. S. No. 1

N

STATE OF I	MARYLAND—CERTIFICATE OF DEATH	04619
DEATH	100 mm	

1. PLACE OF DEATH	958
county Worcester.	Registration Dist. No. 352
Village or City Burlin.	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry E. Davis	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) White widows	april 15 1002
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Manue Davis  6. DATE OF BIRTH (month, day, and year) June 23 18 18 34	22. I HEREBY CERTIFY Mat I attended deceesed from 22 132 1532
7. AGE Years Months Days If LESS that I dayI ormin.	The state of the s
8. Trade, Polession, or particular kind of work done, as SPINNER, Keef Lea fishing In SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and year)  11. Total time (years) spant in this 21- year)	Onfluengal ofigue
12. BIRTHPLACE (city or town) . (State or country)	Other Contributory Causes of Importance
13. NAME Denny E. Davi.  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? All the was there an autopsylventry with the confirmed diagnosis?
15. MAIDEN NAME M. Elizabeth Dernie 16. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  M. Elizabeth Dernie	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Edwin Dawis (Address) Serlin, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place 1 Stacking ham: Date 17 p. 4, 19.3	Manner of injury
19. UNDERTAKER J. W. Burbage. (Address) Berlin in	24. Was disease or injury in any way related to occupation of deceased.  If so, specify
20. FILED 4/3 - , 1932 & Munfoul	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 3 3 4 7 7		40	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

That I attended deceased from

Was there an eutopsy?\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	-----------	------------	----	-----------

STATE OF	MARYLA	ND-CERTIFIC	CATE OF	DEATH
----------	--------	-------------	---------	-------

(14	1.	.,	6 )	
Cin	()	4	1	

1. PLACE OF DEATH	(B2:0)
County Warersles	Registration Dist. No. 382
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  9. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Edward O. Ellin	The state of the s
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Williams	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia 6. / Lay mun.	1 HEREBY CERTIFY, That I attended deceased from 14, 19.32, to 16, 19.32
6. DATE OF BIRTH (wonth, day, and year) Alex 29 183-9	I last saw have alive on afect 13, 1932; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at £m.
7.3 3 17 1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one at
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carehral Hammhage ab 19
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (yeers)	
10. Date deceased last worked et this occupation (month and yaar)	
12. BIRTHPLACE (city or town) . Delesare	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ullus (Stata or country)	High Blood Pressure
13. NAME John L Elliatt  14. BIRTYPLACE (city or town). Deleware	21 132000 10000
= 14. BIRTHPLACE (city or town) Delevare	Nama of operation Date of Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a. Iday man	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary a lay man  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Emma Elliatt	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Jacobson Dete apr. 184, 1932	Manner of injury
19. UNDERTAKER J. W. Bushage (Address) / Bushage	24. Was disease or injury in any wey related to occupation of deceased? No
20. FILED. april 19,1932 IV Muniford	(Signed) C a Holland M.D.  (Address) Berlin md
- Augustin	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAI V	1	# "	
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. 12	

B.—WRITE

ż

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	.0462

1	. PLACE OF DEA	тн			159	, 1.)		
	County Word Village or City P		-Gity	WITHIN	Registration Dist. No. 350  OORPORATE LIMITS OF  NO. St.,  ideath occurred in a hospital or institution, give its NAME instead of street and numb	Ward		
	Length of residence in c	ity or town where d	eath occurred	yrs,mos	ds. How long in U.S. If of foreign birth?yrsmos	ds.		
:	. FULL NAME L	awrence	Vincent	Gunby				
	(a) Residence: No.		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State			
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	*Kanadalisaka		
3. SEX Male  4. COLOR OR RACE Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single					21. DATE OF DEATH April (Month) 12	2. Year)		
5a. II married, widowed, or divorced HUSBANO of (or) WIFE of					22. i HEREBY CERTIFY, That I attended decea			
	DATE OF BIRTH (month, da	v 4 A	nil 10	1032				
	AGE Years	Months	Days 1.day	If LESS than I day,hrs.	to have occurred on the date stated above, at 5 • 45 mR • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance?			
NOI	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE	as SPINNER.			Premature Birth	e ol onset		
OCCUPATION	Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, etc			(Seven Months)			
00	Oate deceased last wo this occupation (mo year)	nth and	spar	me (years) It in this Ipation				
12.	BIRTHPLACE (city or town) (State or country)	Pocomoke			Other Contributory Causes of importance:			
ER	13. NAME Edward							
FATHER	14. BIRTHPLACE (city or to (State or country)	own)	land.		Neme of operation Date of What test confirmed diagnosis? Was there an aulops	w2 n O		
ER	15. MAIOEN NAME	Louise	Gunby		23. If death was due to external causes (VIOLENCE) fill in also the following:	J:200-		
MOTHER	16. BIRTHPLACE (city or to	wn). Marylar	ıd.		Accident, suicide, or homicide? Date of injury,	19		
17. INFORMANT Perry Belle Hughes (Address) Pocomoke City, Maryland.					Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Halls Hill Cometary Pocessoke Gity. Md. Oate Pril 19 32				74	Menner of Injury			
_	UNDERTAKER Balla: (Address) Pocol			200 Ciley Registrar.	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address) Pocomoke City. Md.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

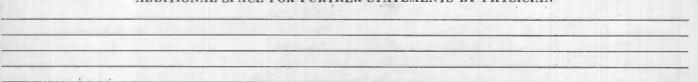
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	MAY 4 1032	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear.	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
1					
				7	
Other contributory causes	of importance:		Other contributory causes of importance:	i i	
Gallstones		May 1,1923	Gastroenteritis	1 year	



If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. of OCCUPA-

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
----------	-------	------	--------	-------	----	-------

	1
6462	3

1. PLACE OF DEATH				(95%)			
County Worcester				Registration Dist. No.			
Village or City Pagamoke	e.Git			No. 401 Oxford St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long to U.S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME Charle	es Ha	rais					
(a) Residence: No.		(Usual place		St., Ward.  If nonresident give city or town and State			
PERSONAL AND STAT	ISTICA			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE	5. 5	INGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  April 26th., 193.2. (Month) (Day) (Year)			
5a. If merried, widowed, or divorcad HUSBAND of (or) WIFE of	very	Stev	lus	22. 1 HEREBY CERTIFY, That I attended deceased from April 14th, 1932, to April 26th, 1932			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	s light	Days	If LESS then I day,hrs.	I last saw h. i.i. alive on April 14th, 1932; death is said to have occurred on the date stated above, at 4.30R m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profassion, or perticular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILK, Laborer SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and			me (years) nt in this	Cardiac asthua.			
12. BIRTHPLACE (city or town) Some		Count	yation	Other Contributory Causes of Importence:  General dehility due to age.			
(State or country)  13. NAME Charles Jos	nes F	rland. Targis					
(Stata or country)		et Co vland		Name of operation Data of Was there an autopsy?			
15. MAIDEN NAME Dinah 16. BIRTHPLACE (city or town)	omers Mar Bla	et Co yland ine		23. If deeth was due to external causes (VIOLENCE) fill In elso tha following:  Accident, suicide, or homicide?			
18. BURIAL, CREMATION, OR REMOVAL Place Tinleys Char	C.	,		Manner of Injury			
19. UNDERTAKER PRIMARY	Ste	veu	and	24. Wes disease or injury in any way related to occupation of dacaesed? No.			
20. FILED & Jul 28, 19 12	Ju	hu )	Registrar.	(Signad) M. D. (Address) POCOLOGE City Id.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person ho had no occupation whatever write none.

To be complete, an occupation return must state:

87—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find 33 out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
llstones	May 1,1923	Gastroenteritis	1 year		

D FC	SI SI	e sta	e pro	f cert
MARGIN RESERVED FO	DING INK-TH	AGE should I	so that it may b	ctions on back o
MARGI	WITH UNFAI	refully supplied.	in plain terms,	ant. See instru
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS	on should be car	SE OK DEATH	TION is very inhortant. See instructions on back of cert
V. S. No. 1	N. BWR	mati	CAU	TIO

	STA	TE OF	MARY	/LAND-	CERTIFICATE (	OF DEA	TH (	4626
1	L PLACE OF DEATH	1			67-2		, A	
	County Word	sles	<u></u>			Registration	Dist. No. 35	/
	Village or City Bin	hope	mil	4	No		St.,	Ward
	Length of residence in city or to	wn where daat	th occurred	Vrsmos.	death occurred in a hospital or institut			
	2. FULL NAME GO	100	Gar	12/7d 11/	lo ore		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(a) Residence; No.	The contract of the contract o	- 0000	1 1 -w	St., Ward.			
	(a) Residence. Ho.		(Usual place o	f abode)	St., Walt.	If nonresident	give city or town a	nd State
	PERSONAL AND ST	ATISTIC	AL PARTIC	CULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3.	sex 4. color or 1	RACE 5		tied, Widowed, (write tha word)	21. DATE OF DEATH	(Month)	) (Day)	, 19 <b>32</b> (Year)
5a.	If msrried, widowed, or divorced HUSBAND of (or) WIFE of	7	1		22. MEREBY	CERTIF	Y That I ttende	d daceasad from
		110	yember	200	Marce 18	1932 to	pric 2	, 1952
	DATE OF BIRTH (month, day, and years	Months	Days	If LESS than	to have occurred on the date state	above at 10	P. m.	2; daath is said
•	AGE 16313	5	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
NO	8. Trade, profession, or particular kind of work done, as SPI	NNER.	<u>~</u>	ormin.	ware as tollows:	Preumo	mid	Nate of onset
OCCUPATION	SAWYER, BDOKKEEPER, at							
	work was done, as SILK M SAW MILL, BANK, etc	work was done, as SILK MILL.						
Ö	10. Date deceased last worked at this occupation (month and year) to coupation							
12	BIRTHPLACE (city or town) 70	10011	1 Mari		Other Contributory Causes of impo	rtance:		
~	13. NAME	12	and the	nent				
FATHER		- 17-	un.	a dorlar				
FA	14. BIRTHPLACE (city or town) (State or country)	1) 100	ann	n	Nama of oparation What test confirmed diagnosis?		Date of Was there a	
ER	15. MAIDEN NAME CALLY	re-1	1. 14	udsen	23. If death was due to external cau			
MOTHER	16. BIRTHPLACE (city or town)	0	A		Accidant, suicide, or homicide?			-
2	(State or country)	lary	eau.	a	Where did injury occur?	(Specify city or	town, county and S	tale)
	(Addrass) Buch	vps	ma	in	Spacify whathar injury occurred in	INDUSTRY, in HD	ME, or in PUBLIC I	LACE.
18	BURIAL, CREMATION, OR REMOVA	111/	ahr	: 11 .71	Manner of injury			
	Place	()	Date VIVO	1.4.,193.7	Nature of Injury			9
19	UNDERTAKER WOOD (Address) Selly	vil	wal	eli	24. Was disease or Injury in any wa	ay related to occup	ation of deceased?	NO
20	FILED (182 4 1932)	7:0	Ry	Ass. Registrar.	(Signed) Address)	Miller	lle sel	M. D.
		If more bla	nks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Red	questing U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 5 1832	July 5, 1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	------	-----	---------	------------	----	-----------

PLACE OF DEATH County acestu	STATE OF MARYLAND CERTIFICATE OF DEATH
(1)	Registration Dist. No. 330
Village or City oconcer land entry le	Ward)  (If death occurred in a hospital or institution, give its NAME instead of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	Paramela Chity (Month) H (Day) 26 (Year) 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to House 25, 1923 2.
(Month) (Day) (Year)	that I last saw he live on 1921 7
about 32 yrs. mos. ds. or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or forticular kind of work	Manne
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion)  yes mos 3 ds,
10 NAME OF FATHER John Dobson	(Signed) M. D. 1922 (Address) Real C. M. D.
OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
RA HAddress Foromole Ceity Mil	16 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  11 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  12 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  13 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  14 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  15 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  16 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  17 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  18 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL  18 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL & DATE OF BURI
15 Filed April 26 19232 John T Rolley Registrar	Lernon Stevenson brown let.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement sary to know For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

permanently filed.

4

2. accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, "tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. The ques eupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs.). or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no ecupation -Coal mine, etc. Wom. The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemie corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men quences (e. g., sepsis, tctanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; head of "eontributory." ture of the injury, as fracture of skuli, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need Nomenclature of the American Medical Association. ment of cause of death approved by Committee on FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" The naterminal (second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8

BUREAU

inf	sts	UP	
10 f	plnc	000	1
iten	she	Jo	1
ID. Every	SICIANS	statement	
RECOF	7. PH	Exact :	
WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	efully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	in plain terms, so that it may be properly classified. Exact statement of OCCUP	
IS A PE	stated E	properly	ant. See instructions on back of certificate.
HIS	be	be	Je
NK-T	plnods	it may	n back
ING I	AGE	so that	tions o
UNFAD	pplied.	terms, s	instruc
LH	y su	ain	See
WI	efull.	in pl	ant.

important.

WRITE

mation CAUSE

LION

te te

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 352 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds. Length of residence in city or town where deeth occurred. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) mars (Mo (Oav) (Year) 5a. If married, widowed, or divorced HU3BANO of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 06 7. AGE Years Months C If LESS than Devs 1 day.\_\_\_\_hrs. 26 The PRINCIPAL CAUSE OF DEATH and related causes of Importance 20 or ..... min. were as follows: Oate of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. mc1/23/ Andustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Oate deceased lest worked et 11. Totel time (years) this occupetion (month and spant in this vear) \_\_\_\_\_ occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?\_\_ Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupetion of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
of importance were as f	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MINI G 1201	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURLAU V-	July 5,1927	Peritonitis	3 days ago	
	96 3	per Aphillips of the			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation

S. No. 1

NOIL

OCCUPA

should

(Address) \_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUST O A. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RE
RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT RE
R	K
F	IS
ESERVED	INK-THIS
MARGIN R	UNFADING
	WITH

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH	631
County Worces le		Registration Dist. No. 🥩 🗸 🖼	
Village or City Newson	rk.	ND. St.,	Ward
Length of residence in city or town where de	ath occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsm	osds
(a) Residence: No.		St., Ward,	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 15-	193
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	reg	22. I HEREBY CERTIFY, That I attended  mach: 1952 to Ob 15:	deceased from
6. DATE OF BIRTH (month, day, and year)	uly 4, 1850	I last saw hair alive on abid 12 ,1932	
7. AGE. Years Months	Days   If LESS than	to have occurred on the date stated above, at 2m.	
8/ 9	// l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	15
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Sagappe.	Date of oncet
work was done, as SILK MILL, SAW MILL, BANK, etc.	arming		
0 Do. Date deceased last worked at this occupation (month end 1920)	11. Total time (yeers) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	nd.	Old age	
13. NAME Thomas	rideaux		
14. BIRTHPLACE (city or town)(State or country)	mf	Name of operation Date of What test confirmed diagnosis? Was there an	utonsv?
15. MAIDEN NAME Sallie	morris.	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)  (State or country)	mil	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
01 1 (	riderest	(Specify city or town, county and Stai Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
17. INFORMANT Anda V (Address)			
	Date April 17,1932	Manner of injury	
· (Address)			ъ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RORARUNG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

. S. No. 1

Every item CIANS shou statement o WRITE

PLACE OF DEATH	STATE OF MARYLAND			
County Workesler	(132)	CERTIFICAT	TE OF DEATH	
M/		Registratio	n Dist. No. 3	
Village or City Norkly No.	***************************************	St.: Wa	ard) (if death occurred in a hospital or institu-	
2 FULL NAM Hallie a Tross	el .	***************************************	tion, give its NAME in- stend of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICAT	E OF DEATH	
3 SEX 4 COLOB OF RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAT	H April 2	(Day) (Year)	
6 DATE OF BIRTH Seft 26 890	april 3	rd 132.10	attended the deceased from	
(Month) (Day) (Year)  7 AGE	and shot double and	cured on the date state	ted above, at 3 45 P.m.	
3 7 yrs. 6 mos. 25 de or min.	The CAUSE OF DE	ATH * was as follows	:	
(a) Trade, profession or particular kind of works call duran way		yturns		
(b) General nature of industry Dusiness, or establishment in which employed or (employer)		Duration)	yrs. mos & de.	
9 BIRTHPLACE (State or country) Mondard	Contributory Secondary	(Duration)	di Dit.	
10 NAME OF FATHER JAMES Harry	(Signed)	to gare	News M.D.	
of FATHER Z (State or country)	*State the Violent Caus s,	Discase Causing De state (1) Means of	ath, or, in deaths from Injury and (2) whether	
of MOTHER Sallie Harman		RESIDENCE (For He	ospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	At place of deathyrsyrsyrsyrsyrs	mosds.	the Statede	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of c			
(Address) South and	19 PLACE OF BUR	THE OR REMOVAL	DATE OF BURIAL	
- Col Al 2011 (B. 92 -1)	20 UNDERTAKER	100	ADDRESS DA	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the should be used only when needed. As examples: (a additional line is provided for the latter statement; if sary to know the first line will be sufficient, e g., Farner or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housenneid, etc. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm leborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons (a: the kind of work and also (b) the If the occupation has been changed who have no occupation Salesman. Locomolive engineer, (b) Growry;

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fower (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia Branchopmeumonia ("Pneumonia,"

> "Exhaustion," "Heart ranner," "Old Age," "Shock," Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of hand-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all ". Uraemia, " "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic votentar near accurate, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary), or intercurrent) Committee on Carcinoma, Sarcoma, affection Nomenclature of the need Measles not be etc., 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

STATE	OF	MARYLA	AND-CERTIFICATE	OF	DEATH

64633

ation Dist. No. 3	1-0
	2.6
St.,	Ward
NAME instead of street a	
sident give city or town	and State
ATE OF DEATE	н
12	, 193
(Day)	(Year)
That I atten	ded deceased from
	death is said
10.4 m.	
d causes of Importance	15.
Edemo	Date of onset
*************	
allen	4
Date (	
Date of injury	
city or town, county and in HOME, or In PUBLIC	State); PLACE.
occupation of deceased?	The
(Q)	6 M. D
	Was there CE) fill in also the folio Date of injury  ity or town, county and in HOME, or in PUBLIC

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dyizg, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of importance were as follows:	19	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	S days ago	
EURALU V-				
Other contributory causes of importance:	لد	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

B

	PLACE OF DEATH County Worcester  Start	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 354
Vill	2FULL NAME bota a. Ro	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale loved (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 19232.  (Month), (Day), (Year)
6 D	Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922, to April 1922, to 1922, that I last saw h Malive on April 1923, 1923, 2
7 A	GE   If LESS than   day hrs.   da	
(b)	Trade, profession or force of tricular kind of work  Office of tricular kind of tricular kind of tricular kind  Office of tricular kind of tricula	Contributory Latas Assessment Grand Contributory Latas Assessment Grand Contributory Latas Assessment Grand Contributory Latas Assessment Contributory Latas
PA	10 NAME OF FATHER Educated Rowley  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Was Sunby  13 BIRTHPLACE OF MOTHER (State or Country) Maryland,	(Signed). M. D.  April 1952 (Address). State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of deathyrsmosds.
15	(Informant) Rufus L. Rowley  (Address) Washington, B. J.,  Filed 1931 Hann Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAY OR REMOVAL  20 MODERTAKER  ADDRESS MELLY  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Foreman, For many occupations a single word or term or Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal mine, etc. Wom-.""Deal-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, nephrilis, etc. The contributory

If this certificate is looked over thoroughly and an questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14635
1. PLACE OF DEATH	<u> </u>
County Warrester	Registration Dist. No. 352
Village or City Bulin Bed	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Still Borne	services
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorcad HU3BAND of	(month) (vay) (real)
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
	i lest saw h alive on 19 deeth is seld
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Lill Barre
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and this program in the pr	
SAW MILL, BANK, atc	Canal nuckus
this occupation (month and spant In this occupation occupation	
12. BIRTHPLACE (city or town) MA	Other Contributory Causes of importance:
(State or country)	
W 13. NAME Gelfet Williams	
13. NAME Gelfert Welliams  14. BIRTHPLAGE (city or town) Mal	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME Edna Schafeld  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(Stata of County)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clace Loading and	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Dukes Centery Oate Light. 7, 1932	Nature of injury
19. UNDERTAKER & W. Bushage	24. Was diseasa or injury in any wey related to occupation of deceased?
(Address) / Bushing med	If so, spacify
20. FILED Offer 1, 1932 IV Munfood	(Signed) Las M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

.—WRITE DE INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLY. PHYSICIANS should state BINDIN FOR RESERVED MARGIN

V. S. No. 1 N. B.—V

	County Worcester Village or City Coomoke City WITHIN COMPONATE L					No. 8th &	Wolm		on Dist. No.		·
					(li	death occurred in a hospit					
						ds. How long I	a v.S. If of	toreign birth?	yrs.	m	08
2					oolfield						
	(a)	Residence: No.	8th &	(Usual place	of abode)	St., Ward		If nonresic	lent give city or	town and	State
-	PE	RSONAL A	ND STATIS	TICAL PARTI	ICULARS	MEDI	CAL CE	RTIFICA	TE OF DE	EATH	
3.	sex Mal		LOR OR RACE		RRIED, WIDOWEO, ED (write the word)	21. DATE OF D		pril (Month)	28th		. 193 2 (Year
5e.	HUSBA		ivorced			22 I HE	DERV	CERTI	FY, Jhyt I	Lattendad	doooood
	(or) W	IFE of	Irene D.	Schoolfi	leld	4/26.		19 <b>32</b> , to		£ -	19
6.	DATE OF	BIRTH (month,	dey, end yeer). ] a	n.3rd. 1	863.	I lest sew h	ive on	1/27.		, 1952	; deeth is
7	AGE	Years 6.9	Months 3	0ays	If LESS than  1 day,hrs.  ormin.	to have occurred on the The PRINCIPAL CAUS were as follows:				tance	Oate of
											021001
z	& Tre	de, profession, or	perticular								
LION	1	kind of work don SAWYER, BOOKK	e, as SPINNER.	xpressCo	mpany						11
PATION	1	kind of work don SAWYER, BOOKK	ne, as SPINNER, KEEPER, etc			budde	_ &	Zella	fore		4/2
CUPATION	9. finds	kind of work don SAWYER, BOOKK ustry or business work was done, a SAW MILL, BANI	né, as SPINNER, KEEPER, etcs in which as SILK MILL, K, etc	Delivery	man.	Sudde	_ &	Zell	fre		4/2
OCCUPATION	9, Indi	kind of work dor SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last v this occupation (r	ne, as SPINNER. KEEPER, etc	Delivery	rman. time (years) entin this	Judd	_ &	200	fre		4/21
OCCUPATION	9, Indi	kind of work don SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last v	ne, as SPINNER. KEEPER, etc	Delivery	man (years)	Sudda			fire		4/21
00	9, fad	kind of work dor SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last v this occupation (r yeer)	ne, as SPINNER, CEEPER, etc. Sin which as SILK MILL, K, etc. worked et Sep month end 192	Delivery t. 11. Total t 9	Man. time (years) int in this 20	Other Contributory Cau	ses of impor	tence:	f		4/21
00	9, finds	kind of work dor SAWYER, BOOKK ustry or business work was done, c SAW MILL, BAN! this occupation ( yeer)	ne, as SPINNER, CEEPER, etc	Delivery t. 11. Total t 9. 00:00 0ke City Varylan	Man. time (years) int in this 20		ses of impor	tence:	f ZXi	aci	4/21
00	9, indi	kind of work dor SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last v this occupation (r yeer)  LACE (city or tow te er country)  MESamuel	ne, as SPINNER.  Sin which as SILK MILL, K, etc	Delivery t. 11. Total to specific occurrence	rman.  sime (years)  int in this 20.	Other Contributory Cau	ses of impor	tence:	j Xi	a.i	1/21
ATHER NO OC	9, Indi 10. Det	kind of work dor SAWYER, BOOKK ustry or business work was done, s SAW MILL, BANI e deceased last w this occupation (r yeer)  LACE (city or tow to ar country)  MESamuel THPLACE (city or	ne, as SPINNER.  Sin which as SILK MILL, K, etc.  Worked et Sep month end 192  T. Scho r town) Pocol	Delivery t. 11. Total t 9. 00:00 0ke City Varylan	rman.  sime (years)  int in this 20.	Other Contributory Can  Peule de	ses of impor	tence:	j Xi	Oate of	1/2
FATHER	9, Indi 10. Det	kind of work dor SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last v this occupation (r yeer)  LACE (city or tow te er country)  MESamuel	ne, as SPINNER.  Sin which as SILK MILL, K, etc.  Worked et Sep month end 192  T. Scho r town) Pocol	Delivery t.   11. Total t 9.   0000 0ke City Marylan olfield moke Cit Marylan	man.  time (years)  int in this 20	Other Contributory Can	ses of impor	tence:		Oate ofs there en a	
FATHER	9. fadi 10. Det (Sta 13. NAN 14. BIR	kind of work dor SAWYER, BOOKK ustry or business work was done, c SAW MILL, BANI e deceased last a this occupation (r yeer)  LACE (city or tow te or country)  MESAMUE  THPLACE (city or (State or country)	re, as SPINNER.  Sin which as SILK MILL, K, etc  worked et Sep month end 192  (n) 1000  T. Scho r town) Pocot ()  Mary S	Delivery t.   11. Total to spoot on the City Marylan olfield moke Cit Marylan Barnes	man.  lime (years)  intin this  upation 20	Other Contributory Can  Peule de	gnosis?	tence:	) Wes	there en a	ulopsy?
ATHER NO OC	9, Indi 10, Det 10, Det 13, NAI 14, BIR 15, MAI 16, BIR	kind of work dor SAWYER, BOOKK ustry or business work was done, e SAW MILL, BANI e deceased last this occupation (r yeer)  LACE (city or tow to er country)  MESAMUE  THPLACE (city or (State or country)  IOEN NAME  THPLACE (city or	r town) Pocer	Delivery t. 11. Total to specific to speci	man.  clime (years)  int in this 20  ad  y.,  d.	Other Contributory Can  Period  Neme of operation  Whet test confirmed dis	gnosis?	tence:	Wes	there en a	ulopsy?
FATHER	9, Indi 10, Det 10, Det 13, NAI 14, BIR 15, MAI 16, BIR	kind of work dor SAWYER, BOOKK ustry or business work was done, c SAW MILL, BANI e deceased last a this occupation (r yeer)  LACE (city or tow te or country)  MESAMUE  THPLACE (city or (State or country)	r town) Pocer	Delivery t.   11. Total to spoot on the City Marylan olfield moke Cit Marylan Barnes	man.  clime (years)  int in this 20  ad  y.,  d.	Neme of operation	gnosis?	tence:	Wes	there en a e following	ulopsy?
MOTHER FATHER OC	9, Indi 10. Detr (Sta 13. NAN 14. BIR 15. MAI 16. BIR (Add	kind of work dor kind of work dor sawyer, BOOKK ustry or business work was done, s SAW MILL, BANI e deceased last t this occupation (r yeer)  LACE (city or tow ta er country)  MESAMUE  THPLACE (city or (State or country  IOEN NAME  THPLACE (city or (State er country  ANT IFE  dress) POGO	re, as SPINNER.  Sin which as SILK MILL, K, etc  IN Which as SILK MILL, K, etc  T. School T. School T. School Town) Pocot Town) Poco	Delivery t. 11. Total to 12. 12. Spoon oke City Marylan olfield moke Cit Marylan .Barnes omoke Cit Marylan hoolfiel	man.  time (years) intin this 20  ad.	Neme of operation	gnosis?	tence:	Wes  if fill in elso th  Oate of inju	e following	ulopsy?
MOTHER FATHER OC	9, Indi 10. Detr (Sta 13. NAN 14. BIR 15. MAI 16. BIR INFORM (Add.	kind of work dor kind of work dor sawyer, BOOKK ustry or business work was done, s SAW MILL, BANI e deceased last withis occupation (r yeer)  LACE (city or tow the er country)  MESAMUEL  THPLACE (city or (State or country)  IOEN NAME  THPLACE (city or (State er country)  ANT  LPE  dress)  CREMATION, OF	me, as SPINNER.  Sin which as SILK MILL, K, etc.  Sin which as SILK MILL, K, etc.  Sin which as SILK MILL, K, etc.  Worked et Sep month end 192  T. Scho town) Pocot town) Poc	Delivery t. 11. Total to 12. Oct. Oke City Narylan olfield moke Cit Narylan Barnes omoke Ci Yarylan hoolfiel ty Maryl	man.  time (years) intin this 20  dd.  ty, id.  d. and.	Other Contributory Can  Period  Neme of operation  Whet test confirmed dis  23. If death was due to e  Accident, suicide, or ho  Where did injury occur	gnosis?	es (VIOL ENCE	Wes  if fill in elso th  Oate of inju	e following	ulopsy?
MOTHER FATHER OC	9, Indi 10. Detr (Sta 13. NAN 14. BIR 15. MAI 16. BIR INFORM (Add.	kind of work dor kind of work dor sawyer, BOOKK ustry or business work was done, s SAW MILL, BANI e deceased last withis occupation (r yeer)  LACE (city or tow the er country)  MESAMUEL  THPLACE (city or (State or country)  IOEN NAME  THPLACE (city or (State er country)  ANT  LPE  dress)  CREMATION, OF	me, as SPINNER.  Sin which as SILK MILL, K, etc.  Sin which as SILK MILL, K, etc.  Sin which as SILK MILL, K, etc.  Worked et Sep month end 192  T. Scho town) Pocot town) Poc	Delivery t. 11. Total to 12. Oct. Oke City Narylan olfield moke Cit Narylan Barnes omoke Ci Yarylan hoolfiel ty Maryl	man.  time (years) intin this 20  ad.	Neme of operation	gnosis?	es (VIOL ENCE	Wes  if fill in elso th  Oate of inju	e following	ulopsy?
MOTHER FATHER OC	9, Indi 10. Detr (Sta 13. NAN 14. BIR 15. MAI 16. BIR (Add BURIAL, Plece	kind of work dor kind of work dor sawyer, BOOKK ustry or business work was done, s SAW MILL, BANI e deceased last withis occupation (r yeer)  LACE (city or tow the ar country)  MESAMUE  THPLACE (city or (State or country  IOEN NAME  THPLACE (city or (State er country  ANT IFE  CREMATION, OF E OCOMOR  AKER	me, as SPINNER.  Sin which sin which as SILK MILL, K, etc.  I Note that the service of the servi	Delivery t. 11. Total to 12. Oct. Oke City Narylan olfield moke Cit Narylan Barnes omoke Ci Yarylan hoolfiel ty Maryl	man.  time (years) intin this 20  id.  ty, id.  ty, id.  and.  ary 30th,1932	Neme of operation	gnosis?	es (VIOL ENCE (Specify cit, INOUSTRY, in	Wes i) fill in elso th Oate of inju gror towa, coun HOME, or in P	e following	ulopsy?

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. I out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
llstones	May 1,1923	Gastroenteritis	1 yeor

1			

ä

04637

Village or City.  No.  No.  No.  No.  Other beath occurred in a hospital or matitution, give in NAME interest and number)  (It death occurred in a hospital or matitution, give in NAME interest and number)  (a) Residence in city or form where deeth occurred.  (b) Now long in U. S. If of foreign birth?  Yes.  Mard.  H nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  S. INCLE MARRIED, WHOWED, O'R DIVORCED (ewrite the word)  OR DIVORCED (ewrite the word)  Sa. If marriad, widowed, or divorced (cr) WIFE of 19  6. DATE OF BIRTH (month, day, and year)  ACCEPT FOR BIRTH (month, day, and year)  ACCEPT SHIP BIR	1. PL	ACE OF DEA	TH				(8)				
Cit death occurred in a hospital or institution, give its NAME interest and number)   ds. How long in U.S. if of foreign birth?   yrs. mos. ds.	Co	County Worcester						Registra	ation Dist. No	3	57
2. FULL NAME  (a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  S. H. If married, widowed, or divorced displays and pearly (Honth)  (Nonth)  1. DATE OF DEATH  2. DAT					(II	death occurre				street and	number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE OR DIVORCED ("ornic the word)  5. If married, widowed, or divorced ("Or) Wife of "ornic the word) ("Oby)  ("Nonth)  ("Oby)			ty or town where	deeth occurred	yrs,mos	as.	How long in U.S.	it of foreign birt	n?yrs	п	10s ds.
Clusual place of a bode    Honoraudent give city or town and State	2. FU	LL NAME	10al	1 del	Dy.						
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  OR DIVORCED (write the word)  Set If married, widowed, or divorced divorced (month) (day, and year)  1. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended decessed from 19 (death is said to the wave concurs of the said of work done, as SPINNER, Mind of work done, as SPINNER, SAVER, BLOKKEPER, etc.  1. day, hrs.  Share, BLOKKEPER, etc.  1. droughtor or business In which was consulted that was consulted and was done, as SPINNER, SAVER, BLOKKEPER, etc.  1. droughtor or business In which was consulted and year)  1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  Date of enset  1. Shart PLACE (city or town)  (State or country)  1. SMANE  2. Heat saw h. alive on h. 19  1. SMANE  1. SMANE  1. SMANE  1. SMANE  2. SMANHALL CAUSE OF DEATH and related causes of importance  1. SMANE  2. Heat saw h. alive on h. 19  1. SMANE countries of importance  2. SMANHALL CAUSE OF DEATH and related causes of importance  2. Heat saw h. alive on h. 19  1. SMANE countries of the swan and swan a	(a	) Residence: No		(Llaund place	of aboda	St.,	Ward.	If nonre	sident sine site a	*	J C
21. DATE OF DEATH  4. COLOR OR RACE OR DIVORCED (winit the word)  53. If married, widowed, or divorced (10) WIFE of (10) W	P	ERSONAL AN	D STATIST				MEDICAL				1 State
HISSAND HISSAN		1		5. SINGLE, MAR	RIED, WIDOWED.	21. DAT		1	4/25		, 193
(or) WIFE of  1. AGE	5a. If man	ried, widowed, or divo	orced					(month)	· (OCy)		(1041)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then 1 day, hrs. or min.  1 dey hrs. or min.  Particles profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc.  9. Junustry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.  Date decessed lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Slate or country)  13. NAME  14. BIRTHPLACE (city or town)  (Slate or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Slate or country)  17. INFORMANT  (Slate or country)  18. BURIAL, CREMATION, OR REMOVAL  Picc.  Oete.						1					
7. AGE  Years  Months  Days  If LESS then I dey			^	0.000	1.000						
Treds, profession, or particular find of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Indicate deceased lest worked at this occupation from this occupation for country)  BIRTHPLACE (city or town)  (State or country)  Tis. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Tis. MAIDEN NAME  17. INFORMANT  (State or country)  Tis. BIRTHPLACE (city or town)  (State o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101111	161 523 A	. }				, 19	; death is said
Date of onset	1. AGE		- 11-21		1 dey,hrs.					ance	
Skind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  Jandustry or business In which work was done, as SPINNER, SAWYER, BOKKEPER, etc.  Jobate deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stele or country)  17. INFORMANT  (Sele or country)  18. BURIAL, CREMATION, OR REMOVAL Piece  Oete  O	8.T			1 0	ormin.	were es fo	ollows:				Date of onset
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Piece  19. UNOERTAKER (Address)  20. FILEO  4/23  19. 32  24. Was disease or injury in any way related to occupation of deceased?  16. Signed)  26. Signed)  17. UNOERTAKER (Signed)  18. Specify (Signed)	0 0	kind of work done,	as SPINNER.				WORE	محرور	LOOP		*
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Piece  19. UNOERTAKER (Address)  20. FILEO  4/23  19. 32  24. Was disease or injury in any way related to occupation of deceased?  16. Signed)  26. Signed)  17. UNOERTAKER (Signed)  18. Specify (Signed)	TA Sala	dustry or business to	which			800	saua 1	11100	11/10	)	
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Piece  19. UNOERTAKER (Address)  20. FILEO  4/23  19. 32  24. Was disease or injury in any way related to occupation of deceased?  16. Signed)  26. Signed)  17. UNOERTAKER (Signed)  18. Specify (Signed)	5						14.6		e de la compa	د	
Other Contributory Causes of Importance:  Other Contributory Causes  Other Contri	SINO	this occupation (mo	nth and	spa	nt in this						-
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Piece  Oete  Oete  Oete  Oete  Oete  Office  Oete  Office  Oete		year)	***********	occi	pation	Other Con	tributery Causes of in	noortance:	*******		
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Plece   Oete			New	u. ang	md.						
What test confirmed diegnosis?  West here en aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)				0	1						
What test confirmed diegnosis?  West here en aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	13, N	AME HO	my 19	reman	dh						
What test confirmed diegnosis?  West here en aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	¥ 14. BI		wn)	لين ميا	1. Md.	Neme of o	peration			Dete of	
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  Nature of injury  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)		(State or country)	0			What test	confirmed diegnosis?		Wes	there en	aulopsy?
Where did Injury occur?  17. INFORMANT Collie Selby (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Oete Opt 13, 1932  19. UNOERTAKER (Address)  20. FILEO 4/23, 1932  22. ECo., Secify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury Nature of injury  19. UNOERTAKER (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)	当 15. M	AIDEN NAME	cotte	Sel	64	23. If death	was due to externel	causes (VIOL EN	CE) fill In also the	followin	g:
Where did Injury occur?  17. INFORMANT Collie Selby (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Oete Opt 13, 1932  19. UNOERTAKER (Address)  20. FILEO 4/23, 1932  22. ECo., Secify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury Nature of injury  19. UNOERTAKER (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)	0 16. BI		wn)_New	s and	Wd.	Accident, s	suicide, or homicide?.		Date of injus	у	, 19
17. INFORMANT CARRIED SPECIFY WHETHER INJURY OCCURRED IN NOUSIRY, IN HOME, OF IN PUBLIC PLACE.  (Address)  Menner of injury  Nature of injury  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)	-	(Stete or country)		000		Where did	Injury occur?	(Specify	city or town, count	ty and Sta	ite)
18. BURIAL, CREMATION, OR REMOVAL  Place  Oete  Oete  Oete  Value  19. UNOERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Example 19. Company of the company of		(Address) newark mid.					hether injury occurred	I In INOUSTRY,	In HOME, or In P	UBLIC PL	ACE.
Plece New Onto Oete Opt 13, 1932 Nature of injury  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. FILEO 4/23, 1932 RECog Secret (Signed)  26. FILEO 4/23, 1932 RECog Secret (Signed)											
19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  25. FILEO 4/23, 1932 & E.Co., Servith (Signed)			_	Oete Cun	1932						
(Address)  16 so, specify  20. FILEO 4/23, 1932 REROY Servith  (Signed) REROY Servith L. Roy		٨.	- 1	2 01							
20. FILEO 4/23 1932 LERoy Swith (Signed) LERoy Swell & Log			2	- Jey	Cont.			way related to	occupation of dec	aased?	0 0
20. FILED. 1. 19 V	(7		2 0	A VVI	141		201	ar X	mell		L Coo
	20. FILEO.	7/23	1902 4 8	Loy B	Registrar,	- (Signe	(Address)	LETA	ill -	ni.	2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis E CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N
---	---

County	Warceste	J	Registration Dist. No. 355		
Village or City Mewash			No. St., Wa		
Length of resi	dence in city or town where		If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if ol foreign birth?		
	500	death occurred	/ Itom rong in o. b. ii or roteign bitter:yis		
2. FULL NAI		i lo. Ima	M		
(a) Residen	ce: No.	(Usual place of abode)	St., Ward.  ff nonresident give city or town and State		
PERSON	AL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH		
Flensalo	20	OR DOORCED (write the word)	(Month) (Day) (Year)		
5a. Il married, widow	ed, or divorced	· Surge	(Month) (Day) (Year)		
HU3BAND of (or) WIFE of		V	22. I HEREBY CERTIFY, That I attended deceased Ir		
	9	11	, 19 to , 19		
6. DATE OF BIRTH (	month, day, and year)	Days   If LESS than	I last saw bee alive on Office 25., 192; death is s		
7. AGE 186	Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8	0 1 2	ormin.	were as follows: Date of one		
8. Trade, profes	sion, or particular fork done, as SPINNER, BOOKKEEPER, etc		A 200.		
9. Industry or	Dusiness in which		Chr. Hefprus		
SAW MIL	done, as SILK MILL, L, BANK, etc	fousewice.			
O Date decease	d last worked et pation (month end	11. Total time (yeers) spent in this			
		occupation	00-0-0-1		
12. BIRTHPLACE (cit	y or town)	nd.	Other Contributory Causes of importance:		
(State or cour					
13. NAME	James	Snudeh			
14. BIRTHPLACE	(city or town)	nd	Name of operation Oate ol		
1 (5/4/6.6)			What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NA	ME Ellen	1 Barven	23. II death was due to external ceuses (VIOLENCE) fill in elso the following:		
j	(city or town)	md	Accident, suicide, or homicide? Date of injury, 19		
∑ (State or	country)		Where did injury occur?		
17. INFORMANT	Mes Rus	Nest	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address)	Neway	4 md			
	ION, OR REMOVAL	0.11-0	Manner of injury		
18. BURIAL, CREMAT	way	Date Cipil, 28, 1931	Neture of Injury		
18. BURIAL, CREMAT		16060	24. Was disease or injury in any way related to occupation of deceased?		
Place //	1. w. /3.	NUNCTIC			
///	1-w. /2.	ship and	If so, specify		
Place 19. UNOERTAKER	1-w./2, /3	ship and	If so, specify Chan-R. Harry M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAN 2	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGUE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

:		

	2	0
	WRITE PLAINEN, WITH UNFADING INK-THIS IS	N.BEvery Item of Information should be carefully supplied.
	E-	upp
	INK	lly s
	Ö	efu In p
	DIN	Car
	VFA	be DEA
	in I	ould SF 1
	ITH	SE
	× ×	CAU
ı	S	rma
	AIL	Info
)	6	0 5
	ITE	sho
	WR	NS I
		Evel
	_	9
	(1	Z

1	646301
PLACE OF DEATH	STATE OF MARYLAND
County Warcester	94-0 CERTIFICATE OF DEATH
P 1 P+	Registration Dist. No. 950
Village or City o Coulo Holory 2FULL NAME To sefle St	St.: Ward)  St.: Ward)  (If death occurred in a hospitul or institution, give its NAME II - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Pocorcio la Cette (Month) 4 (Day) 2/ (Year) 32
6 DATE OF BIRTH	17 CHEREBY CERTIFY, That Lattended the deceased from 2/ 1932 to Cherce 2/ 1932
(Month) (Day) (Year)	that I last saw h live on the first 1952
7 AGE [If LESS that	and that death occurred on the date stated above, at 000 a.m.
I day hre	
yrs. mos. ds. or min.	
COCCUPATION (a) Trade, profession or	Andder Kelleefun
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs de.
10 NAME OF FATHER	(Signed) M. D.
IN BIRTHPLACE OF FATHER Z (State or country) ( /	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John agglelotte	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lo Comobse Cety Md.	foromolo Cetyped Ofv 24, 1932
Filed april 23 1922 John T Riley Registrar	20 UNDERTAKER ADDRESS ADDRESS
If more branks are needed, address tate Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Difitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease valvular heart disease; etc. The Nomenclature of the contributory Measles;

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnoda Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. EBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) properly It LESS than 7. AGE Years Months Days to have occurred on the date stated above, at-1 day. ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence Or. . nin. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. OCCUPATION back 9. Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc .... ID. Date deceesed last worked at 11. Total time (years) this occupation (month and spent in this that occupation vear) \_\_ instructions 12. BIRTHPLACE (city or town) (State or country FATHER 14. BIRTHPLACE (city or town plain (State or country) refully MOTHER 15. MAIDEN NAME 23. if death wes due to external causes (VIDL ENCE) fill in also the following: important Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city er town) DEATH (Stete or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should very OF (Address) 18. BURIAL, CREMATION, DR Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury 19. UNDERTAKER (Address) If so, specify 8 (Signed) 20. FILED ... (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BIND

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUZZAU V. S. I					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y	PHYSICIAN
---	---	-----------

nfor- state	STATE OF MARYLAND-	-CERTIFICATE OF DEATH				
/ · · · ·	1. PLACE OF DEATH	// d				
of alid	county Wordes le.	Registration Dist. No. 355				
item of should of OCC	Village or City 1 Berlin	No. St Ward				
		If death occurred in a hospital or institution, give its NAME instead of street and number)				
Every CIANS ement	Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.				
3D. Every YSICIANS Statement	2. FULL NAME Clarles Treston	Naile:				
RD.	(a) Residence: No. (Usual place of abode)	St., Ward,				
RECORD, Every PHYSICIANS 3xact statement	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH				
RECC Pract	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
A FIX	male white OR DIVORCED (write the word)	4th 4th 1953 2				
T.L. T.L.	5a. If married, widowed, or divorced	(Month) (Day) (Year)				
NDIN RMANEI XACT classified	HUSBANO of (or) WiFE of	22.   HEREBY CERTIFY, That I attended deceased from				
	1 21.0	- ynn 3th, 1932, to april 4 , 1932				
PE B	6. DATE OF BIRTH (month, day, and year)	I last saw ham alive on affile 4 19 195 death is seld				
FOR B IS A PE stated E properly ertificate	7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 2m.				
FOR B IS A PE stated E properly certificate	9 6 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:				
- 70	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.					
	9 Industry or business in which	- Januchal Injurginal mucho				
ERV] K—T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	Jamaany W Snammya				
INI INI INI I it it it	Shallf III fill?					
RES I AGE I that ons o	year) occupation	Other Contributory Causes of Importance:				
F4 1 - 1 = 1	12. BIRTHPLACE (city or town).	-				
MARGIN UNFADI supplied. n terms, see instruct	(State or country)	_				
	13. NAME Waite.  14. BIRTHPLACE (city or town). Ca.					
M. I. I. y. su y. su ain t	14. BIRTHPLACE (city or town)	Name of operation Date of				
E 10 10		What test confirmed diagnosis? Clauscal Was there an autopsylv				
WIT WIT IN DIA BUIT.	15. MAIDEN NAME Ratterine Evans.	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
NLY, We careful important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19				
EA'	2.0	Where did injury occur? (Specify city or town, county and State)				
	17. INFORMANT Elmes Waite.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.				
F-30-70	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury				
	Place Evergreen Dete Apr. 6, 1932	Neture of Injury				
WRITE mation s CAUSE TION is	0 11/ 63 0	Trick of mary.				
No. 1	19. UNDERTAKER	24. Was disease or Injury In eny way related to occupation of deceased?				
N M	as the la say that A have	(Signed) Leank terro				
> Z	20. FILED T ~ Q 199 I Allon J. Nay War. Registrar.	(Address) Willard M. A				
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

J.	Example I		Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 2 TARE	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephrilis	1002	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. 8	July 5, 1927	Peritonitis	3 days ago	
Other contributory cause	s of importance:	whele he	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritts	1 year	
			4		

V. S. No. 1

certificater

1				
101	ACE	OF	DEL	TIE
PL.	ALE	Ur	DEF	NЛП

	20.00							
County	1117	0	70	0	0	01	er	



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village o	2FULL NAME Levin		St.: Ward)  (If death occurred in a hospitel or institution, give its NAME instead of atrect and number.)
PE	RSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex hale	Colored	SSINGLE, MARRIED, WIDOWED, WIDOWED OR DIVORCED I DOWN (Write the word)	16 DATE OF DEATH April 2nd., 19232.  Pacomoke City (Month) 4 (Day) 2 (Year) 32
6 DATE	OF BIRTH (Month)	(Day) (Year	that I last saw harmlive on of the 200 100 2
7 AGE	57 yrs. **	lf LESS the law has been lawned by the law has been lawned by the lawned	
(b) Ger busines which o	ade, profession or lar kind of work Faller kind of work Faller and the remaining the r	rmer	(Durstion) yrs mos ds.
S II BI	AME OF ATHER  RTHPLACE F FATHER State or country)  Mar	ryland Wilson yland	(Signed)
13 B	AIDEN NAME F MOTHER ROSIE VET IRTHPLACE F MOTHER State or Country)	rill ryland	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE A	BOVE IS TRUE TO THE BEST		Where was disease contracted, if not at place of desih?  Former or usual residence.
.F.D.	(Address) Jocomoke		19 PLACE OF BURIAL OR REMOVAL Trinity Cemetary 10 Comoke City, Id. 20 UNDERTAKER 10 COMOKE City

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part, of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi cough; " "Marasmus," "Old Age," "Shock, or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent urefier correspondence. All the data is essential and the be obtained before the certificate is permanents filed.

